

# ENTERTAINMENT CUSTOMER SATISFACTION SURVEY

## DIRECTIONS:

Fill in the oval for each attribute that best reflects your opinion on the IMPORTANCE of that attribute and how well the installation PERFORMS on that attribute.

For example, if you think an attribute is "Most Important", fill in the oval in column 5. If an attribute is "Not Important", fill in the oval in column 1. Follow the same scheme for rating PERFORMANCE of the attributes.

Respond to all attributes for which you have an OPINION. If you have no opinion about an attribute, leave the ovals blank.

THANK YOU FOR YOUR HELP.

How IMPORTANT to you is this attribute?

How well do you feel your installation PERFORMS in this attribute?

Not Very Important	Somewhat Important
Not At All Important	Very Important
Don't Know	Most Important
↓	↓
0	1
↓	↓
2	3
↓	↓
4	5

Average	Not Very Good
Very Good	Poor
Outstanding	Don't Know
↓	↓
5	4
↓	↓
3	2
↓	↓
1	0

## I. OVERALL SATISFACTION

○ ○ ○ ○ ○ ○ 1. Satisfaction with overall program ○ ○ ○ ○ ○ ○ ○

## II. STAFF

○ ○ ○ ○ ○ ○ 2. Staff is helpful ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 3. Staff is courteous ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 4. Staff is skilled ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 5. Staff is knowledgeable ○ ○ ○ ○ ○ ○ ○

## III. FACILITY/BUILDING

○ ○ ○ ○ ○ ○ 6. Facilities are attractive, clean, and well-maintained ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 7. Facility is maintained to instill safety ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 8. Facility is maintained to encourage participation in activities (temperature/humidity/ventilation) ○ ○ ○ ○ ○ ○ ○

## IV. PROGRAMS/SERVICES MEET YOUR NEEDS/EXPECTATIONS

○ ○ ○ ○ ○ ○ 9. Sufficient choice of entertainment options ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 10. Sufficient opportunities to participate in theatre activities ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 11. Sufficient opportunities to participate in music activities ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 12. Sufficient special entertainment events and concerts ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 13. Entertainment to satisfy all preferences in musical type ○ ○ ○ ○ ○ ○ ○

## V. EQUIPMENT

○ ○ ○ ○ ○ ○ 14. Equipment is state-of-the-art ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 15. Equipment is clean ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 16. Equipment is well-maintained ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 17. Equipment variety supports a broad range of activities and interests ○ ○ ○ ○ ○ ○ ○

How IMPORTANT to you is this attribute?

How well do you feel your installation PERFORMS in this attribute?

Not Very Important      Somewhat Important

Not At All Important      Very Important

Don't Know      Most Important

↓      ↓      ↓      ↓      ↓

0   1   2   3   4   5

Average      Not Very Good

Very Good      Poor

Outstanding      Don't Know

↓      ↓      ↓      ↓      ↓

5   4   3   2   1   0

**VI. OPERATIONS**

☐ ☐ ☐ ☐ ☐ ☐ ☐ 18. Facility is open during my free time ☐ ☐ ☐ ☐ ☐ ☐

**DEMOGRAPHIC QUESTIONS**

**Gender:**

- ☐ Female  
☐ Male

**Status:**

- ☐ Active Duty  
☐ Family Member  
☐ Civilian  
☐ Retired

**I currently live:**

- ☐ On-Post  
☐ Off-Post

**Time at installation:**

- ☐ Less than 1 year  
☐ 1-3 years  
☐ More than 3 years

**Monthly Use of Program:**

- ☐ 4 or more times  
☐ 1-3 times  
☐ None

**Please list the 3 facilities or services that are most important to you:**

**Please list the 3 activities that are most important to you:**

**Please list services, activities, facilities you would use if they were available:**

**What improvements most need to be made to Entertainment programs, activities, or facilities:**

***Thank you for your time and effort completing this survey!***